

Utah School Nurse Resource Manual

2017



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This resource manual is dedicated to all Utah school nurses who dedicate their professional and personal lives to helping to keep Utah children healthy, safe, and ready to learn.

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INTRODUCTION TO MANUAL

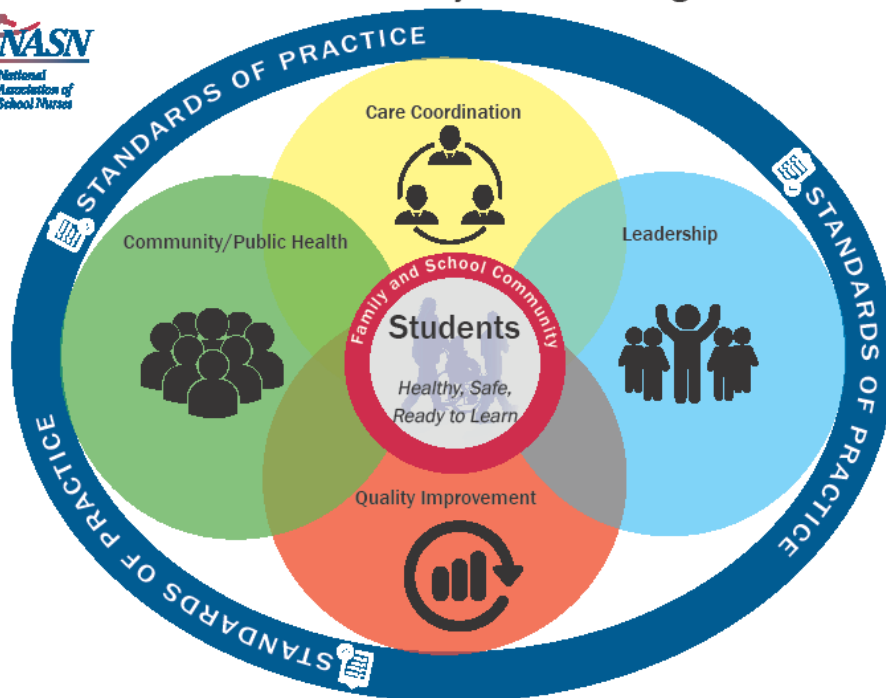
The purpose of this resource manual is to provide current, up-to-date information regarding school nursing practice in Utah. Just as there are geographical and population differences among school districts, it is understood that roles and responsibilities of school nurses may vary as well. It is impossible to provide specifics for each school district. This is provided to help school nurses understand the goal we are all striving for which is that all Utah students will be healthy, safe, and ready to learn.

This manual begins with the National Association of School Nurses (NASN) Framework for 21st Century School Nursing Practice™ (2015) which includes leadership, quality improvement, community and public health, care coordination, and standards of practice, with student-centered care at the core.

FRAMEWORK FOR 21ST CENTURY SCHOOL NURSING PRACTICE

In 2015, the Framework for the 21st Century School Nursing Practice™ was introduced. The Framework gives guidance on the different areas of responsibility of a typical school nurse. The Framework shows the student at the center surrounded by the overlapping circles of leadership, quality improvement, community and public health, and care coordination. Standards of practice surround these as the frame that holds the entire picture together. The Framework is shown below, along with more details of each section.

Framework for 21st Century School Nursing Practice™



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Rev. 9/28/15

The following sections are taken directly from NASN's Framework for 21st Century School Nursing Practice (2016). *(Re-printed with permission by the National Association of School Nurses.)*

Care Coordination

Case Management

According to Engelke, Guttu, Warren, and Swanson (2008), case management is defined as follows:

“A process in which the school nurse identifies children who are not achieving their optimal level of health or academic success because they have a chronic illness that is limiting their potential. It is based on a thorough assessment by the school nurse and involves activities that not only help the child deal with problems but also prevent and reduce their occurrence. Case management includes direct nursing care for the child and coordination and communication with parents, teachers, and other care providers. Interventions are goal oriented based on the specific needs of the child and evaluated based on their impact on the child” (p. 205).

Chronic disease management

School nurses engage in chronic disease management activities to provide for the best health,

academic, and quality-of life outcomes possible, with emphasis on efficient care and student education leading to self- management. School nurses must communicate effectively to coordinate care.

Standards of Care

The following standards of care have been developed. These can be found in the Appendix of this resource manual.

- Allergy and anaphylaxis
- Asthma
- Diabetes
- Seizures/epilepsy
- Head lice
- Outside food in schools

Healthcare Plans

Student educational and health care plans are integral to the process of care coordination. School nurses develop health care plans, including the Individualized Health Care Plan (IHP) and Emergency Care Plan (ECP), and contribute to the development of student educational plans (e.g., 504 Plan, Individualized Education Program). Student-centered health documents are developed by the school nurse, based on his or her assessment and healthcare provider orders, and they follow the nursing process to address concerns and established goals and the interventions to address those goals (NASN, 2015). An IHP may include activities related to direct care, delegation, student self-empowerment, case management, chronic disease management, and transition planning. An ECP flows from the IHP and addresses what to do during a health emergency/ crisis situation.

Direct Care

Care coordination provides for the direct care needs of the student. The specific care that nurses and others provide to students includes routine treatments, medication administration, and addressing acute/urgent needs.

Education

Student-centered care also includes providing the individual education and support that students/families need to be decision makers in their own care, including health promotion and disease prevention behaviors.

Delegation

The school nurse's coordination of care may include the delegation of nursing tasks. Nursing delegation is a process used by the nurse to lead another person to perform nursing tasks (ANA & National Council of State Boards of Nursing, 2006). In the school setting, nursing delegation requires the registered professional school nurse to assign a specific nursing task—in a specific situation for an individual student—to unlicensed assistive personnel (UAP), while providing

ongoing supervision and evaluation of the unlicensed assistive personnel and the student's health outcomes (Bobo, 2015). Delegation is further defined and regulated by state nurse practice acts and state laws.

Leadership

Leadership is a mind-set, not a formal position. School nurses are well positioned in schools to lead in the development of school health policies, programs, and procedures for the provision of health services, as they often represent the only health care professional in the educational setting (NASN, 2011). Leadership is a standard of professional performance for school nursing practice (ANA & NASN, 2011) with competencies closely related to the practice components of this principle.

Policy Development and Implementation

When school nurses participate on interdisciplinary teams, their perspectives on health promotion, disease prevention, and care coordination for students and the school community bring about change in policy development and implementation related to plans and protocols that address children's health issues within the school and community setting (ANA & NASN, 2011; IOM, 2010; Robert Wood Johnson Foundation [RWJF], 2009).

Professionalism

Professionalism includes the attributes of accountability, maturity, problem solving, collaboration, proactivity, positivity, professional speech, appropriate dress, and activities that align with current, evidence-based, student-centered practice. Professional behaviors were identified by principals, educators, and others as the most influential factor when school nurses were seen and understood as valuable members of the educational team (Maughan & Adams, 2011).

Advocacy

Advocacy is the ability to successfully support a cause or interest on one's own behalf or that of another, and it requires skill in problem solving, communication, influence, and collaboration (ANA, 2015). As advocates for students, the school nurse provides skills and education that support self-management, problem solving, effective communication, and collaboration with others (ANA, 2015).

Lifelong Learner

Being aware of evolving trends in reform and practice requires school nurses to be lifelong learners. The school nurse shows commitment to lifelong learning when engaging in advanced academic education, certification, and activities that support competent professional practice, knowledge development, and skills acquisition (ANA, 2015; ANA & NASN, 2011).

Technology

Professional growth also involves staying current with both medical and information technology. In school nursing, technology encompasses telehealth, computer skills, and the use of web-based resources to collect and manage data (e.g., electronic health records, immunization information systems), overlapping with the quality improvement principle and data collection practice component. Technology allows for retrieving evidence-based education, communicating through social media, and using practice applications (i.e., apps; Anderson & Enge, 2012; NASN, 2012).

Quality Improvement

Quality Improvement (QI) is a continuous and systematic process that leads to measurable improvements and outcomes and is an integral part of current standards of practice (Agency for Healthcare Research and Quality, 2011; Health Resources and Services Administration [AHRQ], n.d.). If school nurses make the QI process part of their daily practice, they will better understand which of their activities have the greatest impact on student health and outcomes and which do not. This knowledge will help school nurses prioritize activities amid very busy schedules and time demands and better explain their choices to administration. QI will help change practice and build the critical evidence base for school nursing practice. QI is really the nursing process in action: assessment, identification of the issue, developing a plan, implementing the plan, and evaluating if the goals/outcomes are achieved (AHRQ, n.d.; ANA & NASN, 2011).

Documentation/Data Collection

Data is the cornerstone of QI (Health Resources and Services Administration, n.d.). Data collection includes school nurse documentation of daily activities, progress toward meeting student health goals, and other events. Through documentation, the variety of roles and activities of school nurses are illustrated (such as how time is spent), the impact that nursing care has on students' health and readiness for school is shown, and trends over time are identified. Data can clearly show educators and policymakers the impact of school nursing on the health and academic success of students. Electronic health records can save school nurses time by helping them manage and share data.

Data collection includes participation in *Step Up and Be Counted!*, a joint initiative between NASN and the National Association of State School Nurse Consultants to develop a uniform data set so that all school nurses across the country collect data the same way (Maughan et al., 2014). The ability to combine data will allow researchers to determine which school nurse interventions are most effective and to better understand models of school nursing practice and workforce models and their impact on student health.

Evaluation

Evaluation is the sixth step of the nursing process and sixth standard of school nursing practice (ANA & NASN, 2011). Generally speaking, evaluation is the assessment of the attainment of

outcomes. For school nurses, evaluation includes measuring meaningful health and academic outcomes and determining whether the processes and interventions used were appropriate. Evaluation should occur for all the components of the student's IHP, which is a practice component of the Framework principle of care coordination. Data and evaluation should also be used for performance appraisal of the school nurse's work goals and job performance.

Research

Research is included in the principle of QI. Many of the concepts of research and QI overlap, yet QI and research are different. QI determines if evidence based practice standards are effective. Research is a more formal process for testing an intervention to gain new knowledge that is, hopefully, generalizable beyond the given situation (AHRQ, 2011; IOM, 2001a; U.S. Department of Health and Human Services [USDHHS], 2009). Formal school nursing research is needed to ensure that school nurse practice is based on the best current evidence. Data from research are also needed by school nurses as they advocate and illustrate how they impact student health and academic outcomes. School nurses can and should be involved in research by identifying research questions, completing research surveys, collecting data for research projects, or assisting expertly trained researchers to design studies appropriate for school settings and students.

Community and Public Health

School nursing practice is grounded in community/public health and is consistent with the core functions of public health, even though not all school nurses are fully aware of this (Schaffer, Anderson, & Rising, 2015). Including community/public health as one of the five principles of the framework helps school nurses recognize how they include community/public health in their specialty practice of school nursing (ANA & NASN, 2011; NASN, 2013).

Cultural competency

School nurses must continually work at obtaining cultural competency, which is a set of behaviors, attitudes, and skills that allow effective care to be delivered in cross-cultural situations (Office of Minority Health, 2013). Failure to be culturally sensitive to students and families can decrease trust, leading to decreased communication and management of health condition and adverse student health outcomes.

Disease prevention

Primary prevention aims to prevent disease before it happens. Secondary prevention focuses on risk reduction once a disease occurs. Tertiary prevention includes strategies that limit further negative effects from an existing health problem and promote optimal functioning. School nurses provide care at all three levels but place extra emphasis on primary prevention.

Health education

Health education is one example of implementing primary prevention. Other examples include promoting immunizations, health promotion programming, and advocating for a positive school

environment. The activities of primary prevention overlap with the principle of leadership and the component of advocacy.

Health equity

School nurses are in the critical position to address health disparities of students and families and provide equitable health services (health equity) because of their intimate knowledge of the environments where students and families live, play, and access care.

Screenings

Screenings, referrals, and follow-up activities are secondary prevention strategies that detect and treat health concerns in their early stages often before signs and symptoms appear—and modify, remove, or treat them before the health concerns become serious.

Social determinants of Health

Social determinants are factors that impact health, such as income/social status, housing, transportation, employment/working conditions, social support networks, education/literacy, neighborhood safety/physical environment, access to health services, and culture (USDHHS, 2010c). Social determinants are important because they are known to cause 80% of health concerns (Booske, Athens, Kindig, Park, & Remington, 2010).

Surveillance

Surveillance, closely aligned with nursing assessment, is a key school nursing and community/public health practice component. Surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of health interventions. It is usually proactive and includes disseminating the data to those who need it to prevent or control health conditions (CDC, n.d.). School nurses practice surveillance when they monitor and describe an increase in strep throat cases or influenza-like illness. Surveillance and use of the data overlap with the principle of *QI*.

Standards of Practice

Standards of practice for school nursing direct and lead every part of the Framework. It incorporates a wide range of practice and performance standards that are essential in the specialty of school nursing, regardless of the role, population served, or specialty within school nursing (ANA & NASN, 2011). Specialized knowledge, skills, decision making, and standards of practice are required to provide the best possible nursing care with the best possible outcomes. The Standards of Practice and the related practice components are vital and overarching for the other principles of the Framework.

Clinical Competence

Clinical competence means that the school nurse successfully performs at an expected professional level that integrates knowledge, skills, abilities, and judgment. The school nurse maintains a high level of competency and professional knowledge and skills through continuing

education and collaboration with peers and community health professionals, all while adhering to the standards of school nursing practice (ANA & NASN, 2011).

Clinical Guidelines

Clinical guidelines are determined by the systematic review of the evidence and direct the practice of school nursing. Clinical guidelines assist school nurses to provide best practice and facilitate positive health outcomes that influence academic outcomes (Maughan & Schantz, 2014). Following clinical guidelines advances the professional practice of school nursing.

Code of Ethics

Code of ethics is a part of every nurse's professional life (ANA, 2015). School nurses provide care, advocate for families, outreach to those at risk, and collect data with compassion, honesty, and integrity that protect the student/family's dignity, autonomy, rights, and client confidentiality within the legal limit of the health and educational systems (ANA, 2015; ANA & NASN, 2011).

Critical Thinking

Critical thinking is a dynamic, vital, and continuing part of every step in the nursing process. Critical thinking uses knowledge and reasoning skills to make sound clinical decisions that influence nursing practice (ANA & NASN, 2011; Weismuller, Willgerodt, McClanahan, & Helm-Remund, 2015).

Evidence-based Practice

Evidence-based practice incorporates the best available research and scientific evidence that informs decision making and promotes best practices for optimal health outcomes (Jacobs et al., 2012). School nurses are obligated to recognize that evidence-based practice replaces empirical and authority-based care (Bultas & McLaughlin, 2013) and that it is the basis and standard of health care practice (Adams & McCarthy, 2007) for the 21st-century school nurse.

NASN Position Statements

Position statements from the NASN are documents that present the official position of the NASN Board of Directors. These position statements include historical, political, and scientific facets of topics relevant to school nursing, school health services, and children's health care (<http://www.nasn.org/PolicyAdvocacy/PositionDocuments>).

Nurse Practice Acts and Rules

Nurse Practice Acts (NPAs) are guiding and governing laws that determine the lawful scope of practice of nursing. NPAs have authority to develop rules and regulations for the practice and licensing of nursing to protect the health of society. Nurses must follow the NPAs of their state, commonwealth, or territory (National Council of State Boards of Nursing, n.d.). It is NPAs and state guidelines that determine if nursing delegation can occur, and they greatly impact the framework's principle of Care Coordination.

Scope and Standards of Practice

Scope and standards of practice define the practices that school nurses are expected to perform competently. The scope affirms the broad range, essence, and evolving boundaries of school nursing practice. The standards of practice describe the level of competency expected for each step of the nursing process. The standards of professional performance describe the competent level of behavior in the professional school nurse role (ANA & NASN, 2011).

Student-Centered Care

Student-centered care is provided at the individual or schoolwide level (e.g., caring for students with special health care needs, promoting a positive school climate). School nurses work in partnership with students and their families and caregivers to ensure that decisions include students' needs and that desires are addressed (Institute of Medicine [IOM], 2001b). Student-centered care also includes providing the individual education and support that students/families need to be decision makers in their own care, including health promotion and disease prevention behaviors. Student-centered care promotes student self-empowerment by respecting student autonomy and by helping students realize their own power and capabilities in managing their health conditions (Tengland, 2012).

SCHOOL NURSE JOB DESCRIPTION

The NASN defines school nursing as

“a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders that bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potentials” (<http://www.nasn.org/RoleCareer>).

School nursing practice requires the combination of professional clinical nursing practice with a specialized component that promotes the health, well-being, academic achievement, and success of the school-age student. The school nurse is often the only health care provider in the school setting; therefore, school nurses may be called upon to work closely with teachers, classroom assistants, office personnel, and other unlicensed staff in order to carry out a wide range of school health activities.

Knowledge of the applicable practice laws and regulations is essential for the school nurse to practice within the scope of the registered nurse (RN) license.

Some of the most common duties of the school nurse may include (NASN 2016c):

- Leadership
 - Policy development
 - Advocating for individual students

- Community and public health
 - Disease prevention
 - Health education
 - Screenings (vision, dental, hearing, etc.)
 - Home visits
 - Health fairs
- Care coordination
 - Case management
 - Writing IHP/EAPs
 - Delegation and supervision
 - Medication administration and procedures
 - Medical referrals
 - CPR and first aid training
- Quality improvement
 - Data collection and evaluation
 - Research
- Standards of practice
 - Evaluation

Requirements

A school nurse must be qualified to practice as a Registered Nurse in the State of Utah (or a compact state) and hold an unrestricted license. They must also be certified in cardiopulmonary resuscitation (CPR) or basic life support (BLS). It is recommended that the school nurse have a minimum of one year's prior experience in nursing before becoming a school nurse.

The registered school nurse should have a minimum of a baccalaureate degree in nursing (BSN). Those currently practicing school nurses with an associate degree in nursing (ADN) should be considered 'grandfathered in', and not be at risk for losing their jobs due to their education level. All new hires should be BSN prepared (at a minimum). According to NASN (2016b), "Baccalaureate nursing education develops competencies in leadership, critical thinking, quality improvement, systems thinking ... the ability to practice autonomously, supervise others, and delegate care in a community".

The NASN recommended that all school nurses be Nationally Certified School Nurses (NCSN). Those who are nationally certified should be acknowledged by an increase in salary and responsibilities.

School Nurse Supervision and Evaluation

The registered school nurse should be clinically supervised and evaluated by a registered nurse who understands the scope and standards of practice for school nursing (NASN, 2013). Annual evaluation should be three-fold and include the following:

- Self-evaluation completed by the school nurse
- Clinical evaluation performed by another registered nurse
- A non-clinical evaluation which may be completed by LEA administration

SCHOOL PHYSICIAN

The role of the school physician is to serve in the capacity of consulting medical director to provide medical evaluation, consultation, and support to nursing personnel. The American Academy of Pediatrics states, “health services in schools must be supervised by a physician, preferably one who is experienced in the care of children and adolescents” (AAP, Policy Statement “Role of the School Physician”, 2013). The duties or role of the school physician are varied and may include (but are not limited to):

- Develop, review, and direct policies related to school health
- Supervise and provide consultation to the school nurse, including overseeing mandated screenings
- Serve as a liaison to other healthcare providers in the community to meet the health needs of school children
- Provide standing orders for medication, such as epinephrine auto-injectors and potentially acetaminophen and/or ibuprofen.

Each school district should have a medical advisor who can advise or consult on medical matters. The school district medical advisor should be a local MD, DO, or APRN with experience in pediatrics. A Memorandum of Agreement may be used to secure services.

SURVIVING THE FIRST YEAR: HOW TO BEGIN

How does a new school nurse begin when there is no nurse supervisor or plans for an orientation by another nurse? First, the superintendent or a designee should explain the school district’s school health program philosophy and describe expectations of the school nurse’s role in the program. If the school nurse is serving more than one building, the number of schools, the age/grade levels, the number and health needs of the students should be considered in developing the school nurse’s schedule.

The school nurse who will be practicing in isolation is encouraged to contact the local and/or state health department or a school nurse in a nearby school district, inquire about a state orientation program, and join the state and national school nurse organizations.

Before school starts, or as soon as the school nurse starts work, the school nurse should:

- Meet the principal and the office staff. Confer with the secretary about securing health information and immunization data on all new students. Ask how compliance with the immunization law is ensured. Arrange for a method of receiving messages. Obtain access to the copy machine, computer and printer, a map of the school, and class

rosters. Discuss working schedule, lunch breaks and coverage, and procedure to follow when the school nurse is not in the building.

- Find the health records. Determine what type of health information is available, how confidentiality is maintained, who records the health information, how current the records are, what students have significant health problems, and what system is in place for notifying the school nurse of any newly registered or newly diagnosed students with health conditions.
- Inspect the health office. The school nurse should ask what clinic space, supplies, and equipment are available, assess what is needed, and ask how supplies are ordered.
- Meet the faculty. Describe the school nurse's role and when and how students should be referred to the school nurse. Provide a copy of the school nurse's schedule. Ask who is prepared and available to assist if there is a crisis in the building (first aid and CPR certified).
- Meet with the cafeteria manager and staff. Find out the procedure for notifying them of student diet restrictions and how to obtain nutritional information (i.e. carb counts).
- Meet with the custodian and discuss how to work together when planning events like vision screenings, maturation programs, etc.

After becoming familiar with this basic information, the school nurse should plan a tentative schedule of programs, including vision screening, hearing screening (if done by the school nurse), spinal screening (if done in the school), and maturation programs (if done in the school). The new school nurse should familiarize themselves with policies in the school district that deal with medication; immunization; communicable disease and infection control; child protection (abuse and neglect); screening programs; health services/nursing care for illness, injury, and special health care needs; and general school health program.

HEIGHT/WEIGHT SCREENING

Beginning in 2006, and biennially since then, the Utah Department of Health along with the participation of 69 randomly selected elementary schools in Utah have been assessing health status and growth pattern trends among youth.

One class of 1st, 3rd, and 5th grade students is randomly selected in each of the participating schools. Consent forms are distributed by the school to the student's parent or legal guardian for signature. The individual schools or districts can determine whether to use active or passive consent. These forms will be provided by the Utah Department of Health (UDOH), or schools can use their own.

Data will be collected by school nurses or trained volunteers at a convenient time within the designated three-month time frame of the study. Information gathered will consist of height, weight, sex, school grade, and birth date. Special measures will be taken to protect students' privacy and their height and weight information. No individuals will be identified or singled out.

The following protocol will be used to train data collectors and a standard collection form will be used including: grade, birth date, sex, height, and weight. Student names will not be recorded. Volunteers will receive training before height and weight measurement takes place, which will include sensitivity training.

Weight

Equipment needed (provided by UDOH): Tanita Digital Scale

Place on hard surface. Remote should be placed on a small table next to the scale platform or mounted on the wall if in a permanent location.

Exceptions: Children who cannot stand without assistance are excluded.

1. Child removes shoes & jackets and heavy sweaters (if wearing another shirt).
2. To turn the scale on, press the on/zero button. Make sure the unit of display is in pounds (lb) not kilograms (kg). Press the lb/kg button to switch over to pounds if needed.
3. Child stands on the center of the platform.
4. Examiner waits for weight to display.
5. Examiner records weight to one tenth of a pound (e.g. 72.1 lb).
6. Examiner records sex, birthday and grade of the child.
7. Examiner makes sure the display turns to zero prior to weighing another child.
8. At the end of the weighing session, press the off switch.

Height

Equipment needed (provided by UDOH): A measuring tape taped straight to a wall or door that has no trim, and a wooden 90-degree angle portable stadiometer device will be used on top of head to measure height.

Exceptions: Children who cannot stand without assistance are excluded.

1. Child removes shoes.
2. Child stands with heels against the wall, arms at their sides, shoulders relaxed, and legs straight.
3. Child is instructed to look straight ahead (chin at a 90-degree position with floor) and take a deep breath.
4. Height is measured at top of inspiration by placing a measuring board at the top of the child's head.
5. Height is recorded in inches to the nearest .25 inches (e.g. 42.25 inches), measured at the point where the top of the child's head hits the measuring board.

Equipment

Equipment is provided by UDOH to each participating school, including:

1 Tanita Digital Scale

1 metal measuring tape

1 right-angle leveling board designed for measuring height

Analysis

Data will be analyzed using CDC growth charts, students between the 85th percentile and 95th percentile for age and gender will be defined as “overweight” and students greater than the 95th percentile will be defined as “obese” as defined by CDC. Results will be compared to national trends and statewide data collected in 1994, 2006, 2008, 2010, 2012, 2014, 2016, 2018, and 2020.

Participating Schools

Specific schools were contacted prior to 2006 and agreed to be included in the ongoing study.

PROFESSIONAL SCHOOL NURSE ORGANIZATIONS

Utah School Nurse Association

The Utah School Nurse Association is the professional organization for Utah school nurses. More information can be obtained by going to www.utahschoolnurse.org. The Utah School Nurse Association is a unified affiliate of the National Association of School Nurses. This means paid annual dues allows membership in both organizations.

The Utah School Nurse Association typically holds two conferences per year; a one-day conference in the fall, and a two-day conference in the spring. Locations for these conferences vary. See their website for more information.

National Association of School Nurses

The National Association of School Nurses (NASN) provides many tools to practicing school nurses. These tools are available both online and in print. They can be accessed at www.nasn.org.

The National Association of School Nurses holds a large conference each summer, usually the end of June. The locations vary. More information is available on their website.

Position Statements: <http://www.nasn.org/advocacy/professional-practice-documents>

Back to school toolkit: <https://www.pathlms.com/nasn/categories/687/courses>

STANDARDS OF SCHOOL NURSING PRACTICE

These standards describe a competent level of school nursing practice demonstrated by the critical thinking model known as the nursing process (ANA and NASN, 2011).

Standard 1. Assessment

The school nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.

Standard 2. Diagnosis

The school nurse analyzes the assessment data to determine the diagnoses or issues.

Standard 3. Outcomes Identification

The school nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning

The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation

The school nurse implements the identified plan.

Standard 5a. Coordination of Care

The school nurse coordinates care delivery.

Standard 5b. Health Teaching and Health Promotion

The school nurse uses strategies to promote a healthy and a safe environment, especially regarding health education.

Standard 5c. Consultation

The school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

Standard 5d. Prescriptive Authority and Treatment

The advanced practice nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

Standard 6. Evaluation

The school nurse evaluates progress toward attainment of outcomes.

Standards of Professional Performance for School Nursing

These standards describe a competent level of behavior in the professional role for school nurses appropriate to their education and position.

Standard 7. Ethics

The school nurse practices ethically.

Standard 8. Education

The school nurse attains knowledge and competency that reflect current nursing practice.

Standard 9. Evidence-Based Practice and Research

The school nurse integrates evidence and research findings into practice.

Standard 10. Quality of Practice

The school nurse contributes to quality nursing practice.

Standard 11. Communication

The school nurse communicates effectively in a variety of formats in all areas of nursing practice.

Standard 12. Leadership

The school nurse demonstrates leadership in the professional practice setting and the profession.

Standard 13. Collaboration

The school nurse collaborates with the healthcare consumer, family, and others in the conduct of nursing practice.

Standard 14. Professional Practice Evaluation

The school nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations

Standard 15. Resource Utilization

The school nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

Standard 16. Environmental Health

The school nurse practices in an environmentally safe and healthy manner.

Standard 17. Program Management

The school nurse manages school health services.

HEALTH AND SAFETY OF SCHOOLS

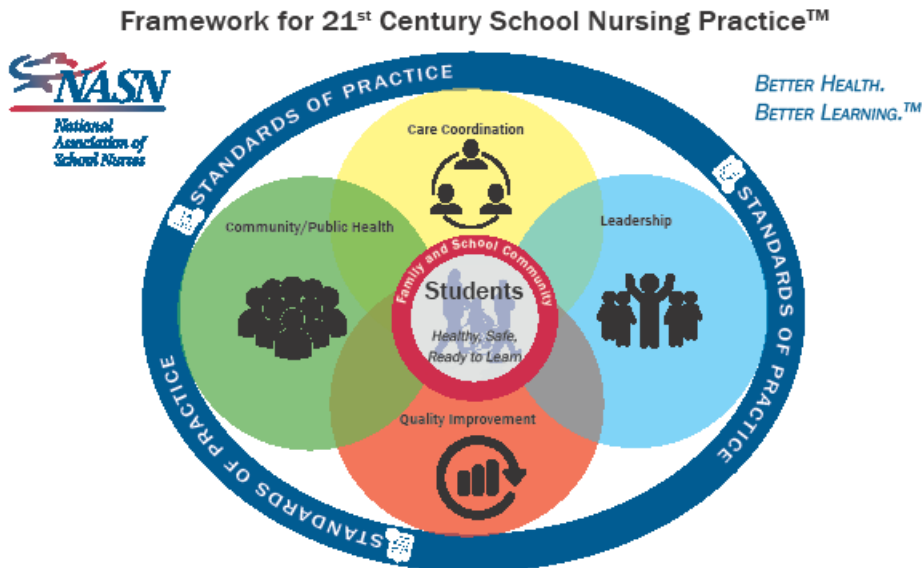
The Utah Health and Safety Rule (R392-200, Design, Construction, Operation, Sanitation, and Safety of Schools) sets requirements for the school health office. This Rule states there must be a clinic room that has a cot or bed and a "sink with hot and cold running water, soap, individual towels, first aid supplies, and lockable cabinet space for storage of first-aid supplies" (R392-200-9). Each school or school district must have a policy in place which states how a nurse or doctor can be contacted while school is in session. The Rule further states there must be two individuals on site who have CPR and first aid certification. Additionally, in areas of schools that are considered high-risk injury areas (shops, laboratories, life skills, gymnasiums, theater prop building area, etc.) there must be a teacher who has CPR and first aid certification in these locations.

APPENDIX

Framework for the 21st Century School Nursing Practice



Framework
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NASN's *Framework for 21st Century School Nursing Practice* (the *Framework*) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2015). Central to the *Framework* is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of *Care Coordination*, *Leadership*, *Quality Improvement*, and *Community/Public Health*. These principles are surrounded by the fifth principle, *Standards of Practice*, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.



ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health*. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf>

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Rev. 9/28/15

School Nursing Activities Calendar



2016_activities_calendar_example.doc



2016_activities_calendar_example.pdf

Delegation



Delegation.pdf

Delegation of School Nursing Tasks in Utah

All students attending public schools must have access to health care during the school day and for extracurricular school activities if necessary to enable the student to participate fully in the program. The federal laws include the Americans with Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973. Since most schools in Utah do not have a full time nurse in each school it is often necessary to delegate specific nursing tasks to Unlicensed Assistive Personnel (UAP) so that children with special healthcare needs can attend school. Knowing when and how to delegate specific nursing tasks is essential for the school nurse. Only a professional nurse can delegate nursing care. Further, nursing delegation is not appropriate for all students, all nursing tasks, or all school settings (NASN, 2014). Tasks commonly performed by a parent/guardian at home take on a more complex dimension in the school setting. What appears to be a simple task is held to a much higher standard at school. Any health-related procedure in school requires medical orders, and licensed nurses are held to a higher standard than a parent would be for the same procedure (Resha, 2010).

Delegate means to transfer to an unlicensed person the authority to perform a task that, according to generally-accepted industry standards or law, does not require a nursing assessment (R156-31b-102 SS 10,C)

Assessment, planning, evaluation and nursing judgment cannot be delegated. Delegation is a student and situation specific activity in which the nurse must consider all components of the delegation process for each delegation decision.

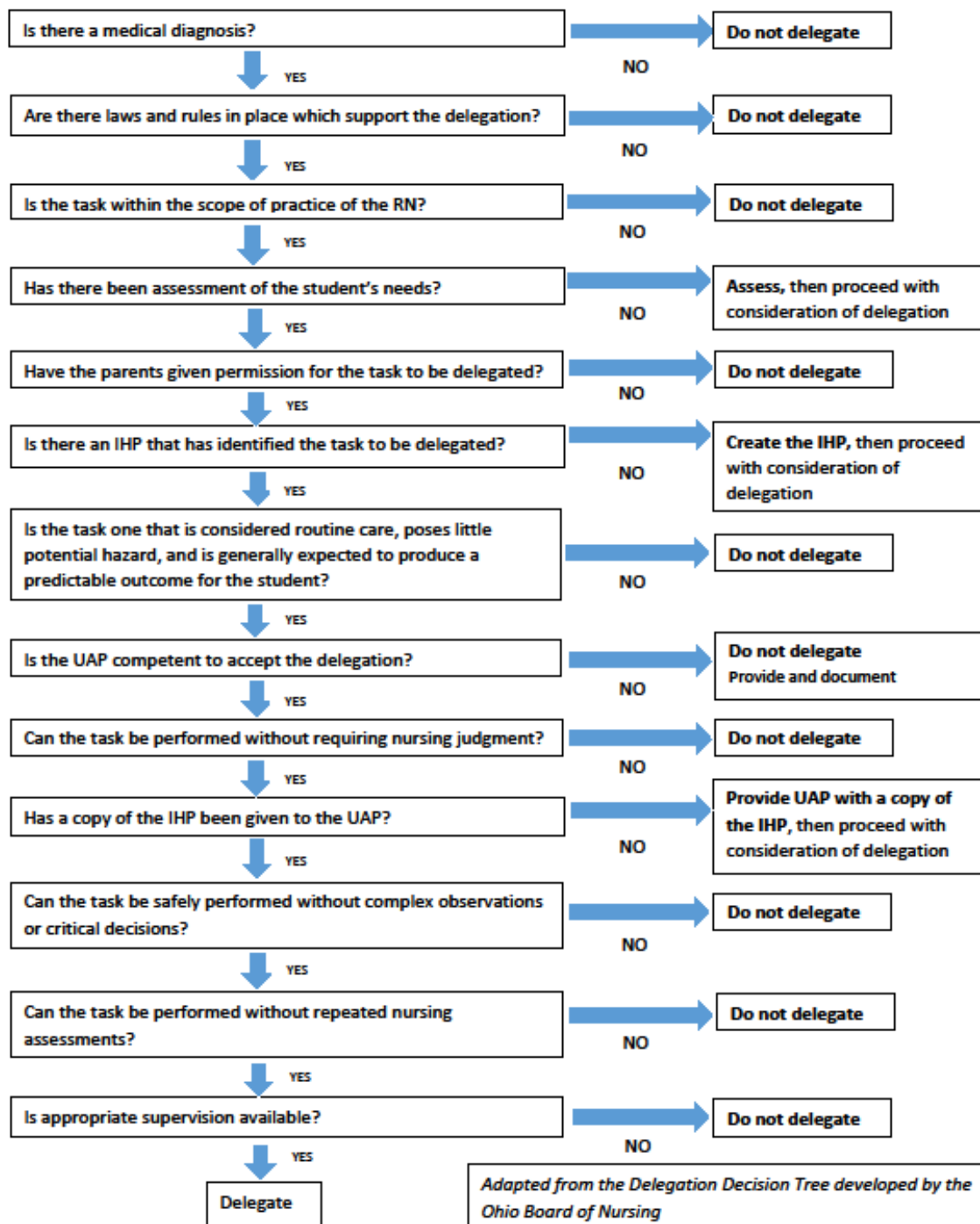
The above was adapted from a similar tool previously developed by Colorado titled "Guidance on Delegation for Colorado School Nurses & Child Care Consultants".

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Delegation Decision-making Tree



Advocacy

Attached please find several handouts regarding Advocacy in school nursing:



Bubbles lines
Poster.pdf



Utah Ruler.pdf



Health_Conditions_ch
art_2011-2.pdf



Factors_Per_100-1.pdf



SN Parking 1.pdf

Medication Administration



FINAL medication
policy 8-15-17.pdf

Vision Screening



School-Vision-Screeni
ng-Guidelines-2013.pdf

Scoliosis Guidelines



Final Scoliosis
Guidelines.pdf

Standards of Care



SOC Anaphylaxis
3-17-17.pdf



SOC Asthma
3-17-17.pdf



SOC Diabetes
3-17-17.pdf



SOC Food in Schools
3-17-17.pdf



SOC Head Lice
3-17-17.pdf



SOC Seizure
3-17-17.pdf

Standardized Forms



ALLERGY IHP_ECP
7-26-17 ADA fillable.p



AsthmaIHP ADA
7-27-17 fillable .pdf



AsthmaIHPSpanish
110316.pdf



DMMO 7-26-17
fillable.pdf



Diabetes ECP ADA
8-3-17 fillable.pdf



Diabetes IHP ADA
8-3-17 fillable.pdf



Final Seizure IHP ECP
2017 fillable.pdf



Final SMMO ADA
2017 fillable.pdf



Generic IHP ECP ADA
7-27-17.doc

Acuity



Acuity Draft
fillable.pdf

Code of Ethics



2016_Code_of_Ethics.
pdf

Nurse Practice Act



NPA.pdf

Nurse Practice Act Rule



NPA Rule.pdf

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